Borough of Shrewsbury

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1946

A. D. SYMONS, M.D., D.P.H.

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STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health **Medical Officer for Maternity and Child Welfare** **Medical Superintendent of Isolation Hospital**	†A. D. Symons, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
Senior Sanitary Inspector :	†*C. Stanley, Cert. R.S.I.
Additional Sanitary Inspectors :	†*N. Edge, Cert. R.S.I. †I. G. Griffiths, Cert. R.S.I. †*C. R. Paling, Cert. R.S.I.
Health Visitors :	†Mrs. E. Godson, B.A., C.M.B. †Miss E. L. Hughes, C.M.B. †Miss E. L. Challoner, C.M.B.
Matron of Isolation Hospital :	Miss A. K. Ellis.
Chief Clerk :	†G. Nicholas.
Assistant Clerks :	†Miss F. C. Puddle. C. Mabbott.
Abattoir Superintendent and Meat Inspector :	*S. R. Reed.

Part-Time Officers.

Medical Officer of Ante-Natal Clinic, Obstetric Consultant and Consultant for Puerperal Pyrexia, etc.	D. A. Urquhart, M.B., Ch.B.
Assistant Medical Officer, Maternity and Child Welfare :	Kathleen M. Ball, M.B., B.Ch., D.P.H.

Dental Officer, Maternity and Child Welfare :	BERNHARD SCHARF, M.D., Vienna (Temporary).
Sampling Officer :	W. C. HEAS.
Dermal Clinic Nurse (Scabies Treatment) :	Mrs. W. M. Sargent.
Social Worker (Care of Illegitimate Children) :	Miss E. Douce.
Meteorological Observer :	R. GRAY.
Public Analyst :	HAROLD LOWE, M.Sc., F.I.C.

*Qualified Meat Inspectors.

†Contribution towards salary made under Public Health Acts or by Exchequer grants.

Health Centre,
Murivance,
Shrewsbury.

June, 1947.

To the Mayor, Aldermen and Councillors of the Borough of Shrewsbury.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present my Annual Report on the health of the Borough during the year 1946.

The birth rate remained the same as in the previous year, namely 17.9 per 1,000 population.

The number of illegitimate births fell from 101 in 1945 to 75 in 1946.

The infant mortality rate of 48 per 1,000 live births remained the same as in the previous year.

There were only five cases of Diphtheria with two deaths, both of them being children who had not been immunised.

Up to the end of 1946 over 8,000 children had been immunised in Shrewsbury, but not a single one of these immunised children have died of Diphtheria.

At this particular juncture in the nation's history we are experiencing a shortage of man power, not mainly as a result of war casualties, which were only one-third of those suffered in the Great War, but partly from post-war circumstances and partly from the low birth rates between the two wars when the only child became somewhat fashionable.

The year 1946 saw for the first time the introduction of the Family Allowance, and those who sponsored this measure, as well as those who welcome its introduction, may have high hopes that one effect may be a stimulation of the recognition of the importance of the family to the nation.

It remains to be seen whether the present raised birth rate is merely a temporary post-war phenomenon or is a permanent reversal of a former trend, and also as to whether Family Allowances may be a factor to encourage, not the large families of previous centuries, but moderate families of such a size that its members, if decently housed and possessed of sufficient money, to expend

wisely, can have at least the foundation of opportunities for healthy living and happiness.

This question, therefore, of a possible chance for the reinstatement of the family reared in the atmosphere of home is a ray of hope for the future, at a time when, owing to a general slackening of adult moral standards, which includes promiscuity and easier divorce, the weakening of parental responsibility as a result of modern legislation and propaganda, and the diminishing influence of religious and spiritual values, Society is consciously putting increasing strains and stresses on family life.

There are plenty of enthusiasts of the social reform groups of Society who in their strivings for Progress advocate the means, but may be blind to the possible ends.

Free meals for school children may be admirable for their physical growth and may relieve the mother of time and her labour of love in the preparation of such meals, but on the other hand she has lost one of the many functions and responsibilities of motherhood which she at the time may welcome as a physical relief, but subconsciously is aware that someone else is doing her work for her child. This example of the undermining of parental responsibilities by the intervention of outside agencies, may become a stealthy process of suggestion which can be menacing in its cumulative effect.

For the welfare and healthy development of infants and young children, Health Visitors were officially appointed by Maternity and Child Welfare Authorities now nearly thirty years ago, and the function of such Health Visitors was to guide and advise mothers as to the rearing of offspring in their own homes, leaving the mothers to perform their work and duties themselves.

In course of time Institutions, Homes, Hostels or Nurseries, mainly residential, have sprung up to cater for special cases, and these no doubt are very necessary and desirable.

We are now entering a new phase by the increasing provision of Nursery Schools or Day Nurseries, and again these can be considered to serve a useful function for certain types of children or for the mother whose circumstances do not permit her to devote that care and attention to her child that proper nurture demands.

Human nature being what it is, it is more than likely that these present special provisions will gradually become general and universal provisions as many mothers seeing other mothers tem-

porarily relieved of child care, and, to follow the fashion, demand similar facilities, especially if those facilities are free.

When this time comes, if it has not already arrived, we shall witness the establishment of a new profession of child care and nurture staffed by trained single women with a sprinkling of widows, or childless married women. Many of these child care specialists will, no doubt, be skilled and devoted to their work as are many hospital nurses, but however skilled or devoted, their services can only be regarded as second best to that of the mother of a child, with the exception of that minority of mothers who are feckless and not worthy of the proud title they hold. Those, therefore, who believe in the sanctity of the home and the value of the family unit, must be ever watchful that subtle propaganda which sometimes can overcome apathetic indifference, is not allowed to secure the development of child care professionalism as a rival to the family.

Dr. J. C. Spence, the well known Professor of Child Health, has stated the case for the family in the following well chosen remarks :

" The family exists first, to ensure growth and physical health ; secondly, to give the right scope for emotional experiences ; thirdly, to preserve the art of motherhood ; and fourthly to teach behaviour. Given these things, citizenship and community life will look after themselves.

Without physical health and the environment that makes it, without emotional health and the happiness and security that goes with it, without parental wisdom and without capacity for neighbourly behaviour there can be no citizenship or other virtues."

For proper growth, physical, mental and spiritual, there is no substitute for a happy family.

Some day the housing shortage will be relieved ; some day many of our younger generation will inhabit healthy homes with labour-saving devices to assist the mother and housewife ; some day there may be a development of a Home Helps Service. Let us look forward to those days and hope that such encouragements as may be provided will induce the creation of sizeable families, who can comfortably and with greater advantage to the nation as a whole, be reared and cared for in their own homes.

Let us try to remember that allowances for human nature with all its faults and failings should be made, and that maternal care should not be submerged by the over-zealous efforts of enthusiasts who would prefer, if they could have their way, to interfere unduly

in the upbringing of children, and who may have forgotten that saying " God helps those who help themselves."

It has been semi-seriously suggested that parents are the worst people to bring up their own children, and that if such care were to be entrusted to outsiders, scientifically trained in hygiene and dietetics and with an acquaintance with psychology, things would be much better for the child !

Heaven on this earth there never will be, and if such a thing came about we might become bored to death by our own perfection.

To my colleagues and my staff I offer my best thanks for their co-operation, help and loyalty during the year.

I have the honour to be,

Your obedient servant,

A. D. Symons.

GENERAL STATISTICS, 1946

Rateable value of the Borough	£311,951
Sum represented by a Penny Rate	£1,240
Area of the Borough (excluding water) in acres ...	8,034
Population (Registrar General's estimate, middle of 1946)	44,070
Persons per acre calculated on above population	5.5
Inhabited houses (December 31st, 1946)	11,550

		Male	Female		
Live Births	Legitimate	353	364	Total	792
	Illegitimate	39	36		

BIRTH RATE per 1,000 estimated resident population	17.9
Stillbirths	16
Stillbirth Rate per 1,000 Total Births	1.9
Deaths	542
DEATH RATE per 1,000 population	12.3
Deaths from Puerperal Sepsis	Nil
,, ,, Other Puerperal causes	1
MATERNAL MORTALITY per 1,000 Total Births (live and still)	1.2
INFANT MORTALITY RATE	48
Legitimate Infant Mortality Rate per 1,000 legitimate live births	43
Illegitimate Infant Mortality Rate per 1,000 illegitimate live births	93
Deaths from Cancer (all ages)	72
,, ,, Measles (all ages)	Nil
,, ,, Whooping Cough (all ages)	Nil
,, ,, Diarrhoea (under 2 years of age) ...	5

WEATHER CONDITIONS

Daily readings and recordings of weather conditions are taken daily at the Climatological Station situated at Monkmoor Isolation Hospital, which Station is approved by the Air Ministry.

The year 1946 was not a year of clement weather, and was even worse than its predecessor, for whereas the hours of bright sunshine recorded were approximately the same in both years, the rainfall in 1946 was approximately 4 inches above the average annual rainfall in Shrewsbury, and was 5 inches more than in 1945.

Rainfall.—The total rainfall was 29.04 inches, compared with 23.93 and 23.29 in the previous years respectively.

Sunshine.—The number of hours of bright sunshine recorded was 1,324.7, compared with 1,326.8 and 1,316.9 in the previous years respectively.

July, with 183.4 hours of sunshine was the sunniest month.

Temperatures.—Extremes of temperature during the year were as follows :—

Warmest Day (Highest Maximum)	...	July 12th	...	83°
Warmest Night (Highest Minimum)	...	July 23rd	...	61°
Coldest Day (Lowest Maximum)	...	January 20th	...	28°
Coldest Night (Lowest Minimum)	...	January 21st	...	15°

Weather Statistics. Shrewsbury, 1946.

1946 Month	Barometric Pressure in Inches	Air Temperature in Shade °F					Hottest Day in Sun	Sunshine in Hours			Rainfall in Inches		
		Mean Maximum	Highest Maximum and Date	Mean Minimum	Lowest Minimum and Date	Mean Temperatures		Most Sunshine in one Day	Daily Means	Total Hours	No. of Rainy Days	Greatest fall in one Day	Total Rainfall
.Jan. ...	30.080	43.2	55° on 10th and 11th	31.6	15° on 21st	37.4	76° on 10th	6.7 on 14th	1.67	51.9	17	0.48 on 29th	2. 62
Feb.	29.972	48.6	55° on 3rd. 6th & 7th	39.9	24° on 27th	44.2	87° on 19th	8.1 on 28th	2.44	68.2	16	0.41 on 7th	2.05
March	30.015	49.4	69° on 30th	33.7	22° on 9th	41.5	99° on 27th & 29th	10.7 on 26th	4.02	124.6	10	0.25 on 21st	0.90
April...	30.103	59.9	73° on 3rd and 4th	40.9	31° on 11th	50.4	107° on 3rd, 4th & 16th	12.1 on 21st	5.69	170.7	11	0.44 on 4th	1.17
May ...	29.973	59.7	69° on 12th	42.5	32° on 16th	51.1	111° on 30th	12.6 on 12th	5.84	181.0	11	0.49 on 26th	1.91
June	29.902	63.2	76° on 23rd	47.4	40° on 9th	55.3	119° on 23rd	12.2 on 13th	5.43	162.8	19	0.67 on 9th	2.79
July ...	29.990	69.5	83° on 12th	53.5	47° on 17th & 25th	61.5	126° on 1st	14.5 on 11th	5.91	183.4	12	1.00 on 26th	1.97
August	29.814	65.6	74° on 4th	49.6	39° on 16th & 18th	57.6	114° on 1st & 14th	11.5 on 21st	4.17	129.3	23	0.75 on 12th	5.23
Sept.	29.836	64.1	70° on 26th & 27th	50.8	43° on 12th	57.4	108° on 11th, 12th & 27th	11.3 on 15th	3.28	98.3	17	1.18 on 20th	3.54
Oct. ...	30.114	54.8	66° on 1st & 3rd	43.6	25° on 29th	49.2	104° on 3rd	7.9 on 11th	2.15	66.6	11	0.25 on 2nd	0.84
Nov.	29.407	51.6	65° on 4th	42.3	32° on 2nd	46.9	94° on 4th	6.6 on 4th	0.99	29.7	20	0.70 on 14th	3.86
Dec. ...	29.954	43.8	52° on 25th	31.5	17° on 21st	37.6	74° on 3rd	6.8 on 4th	1.88	58.2	20	0.43 on 26th	2.16
										1324.7			29.04

VITAL STATISTICS

OF WHOLE DISTRICT DURING 1946 AND PREVIOUS YEARS

YEAR	Population (estimated) each year.		BIRTHS			TOTAL DEATHS REGISTERED IN THE DISTRICT		TRANSFERABLE DEATHS		NET DEATHS BELONGING TO THE DISTRICT				
				Net						Under 1 Year of Age		At all Ages		
	Birth Rate	Death Rate	Uncorrected Number	Number	Rate	Number	Rate	of Non-residents registered in the District	of Residents not registered in the District	Number	Rate per 1,000 Net Births	Number	Rate Crude	Rate Adjusted
1936	37490		564	564	15.0	590	15.7	211	109	26	46	488	13.0	12.3
1937	38120		535	587	15.4	599	15.7	213	104	24	41	490	12.8	12.1
1938	38480		489	587	15.2	608	15.8	232	118	22	37	494	12.8	12.1
1939	39270	40260	531	582	14.7	619	15.4	222	118	33	57	515	12.8	12.2
1940	42070		725	706	16.4	798	18.9	312	104	31	44	590	14.0	14.1
1941	45220		784	753	16.6	747	16.5	330	122	29	37	539	11.9	—
1942	44860		771	839	18.7	641	14.3	298	76	32	38	419	9.3	—
1943	42890		751	744	17.3	658	15.3	259	110	26	35	509	11.9	—
1944	42800		833	866	20.2	622	14.5	260	79	21	24	441	10.3	—
1945	42820		730	769	17.9	671	15.7	294	104	37	48	481	11.2	—
1946	44070		750	792	17.9	691	15.7	275	126	38	48	542	12.3	—

POPULATION

The Registrar General's estimate of the civil population of Shrewsbury at the middle of 1946 was 44,070, compared with 42,820 in the previous year.

It is probable that the increase in population is mainly due to the demobilization of Service personnel.

BIRTHS

In 1946 there were 792 live births, compared with 769 and 866 in the previous years respectively.

The birth rate for 1946 was 17.9, as compared with 17.9, 20.2, 17.3 and 18.7 in the previous years respectively.

The 792 live births may be analysed as follows :—

	Legitimate	Illegitimate	
Male	353	39	792
Female	364	36	

Illegitimate Births

There were 75 illegitimate births compared with 101 and 102 in the previous years respectively.

The illegitimate birth rate was 1.7 per 1,000 population, the illegitimate births being a percentage of 9.4 of the total live births.

Stillbirths

There were 16 stillbirths compared with 20, 15, 23 and 25 in the previous years respectively.

The stillbirth rate per 1,000 population was 0.36, the stillbirths being a percentage of 1.98 of the total births.

A comparison between the birth rates and stillbirth rates as

between Shrewsbury and the average of other areas is set out in the following table :—

	Rates per 1,000 population	
	Live Birth	Stillbirth
England and Wales	19.1	0.53
London	21.5	0.54
126 County Boroughs and Great Towns	22.2	0.67
148 Smaller Towns	21.3	0.59
SHREWSBURY	17.9	0.36

DEATHS

The number of deaths during the year was 542, compared with 481, 441, 509 and 419 in the previous years respectively.

Of the 542 deaths 270 were males and 272 were females.

The crude death rate was 12.3 per 1,000 population, compared with 11.2, 10.3, 11.9 and 9.3 in the previous years respectively.

Causes of and Ages at Death during the Year 1946

Causes of Death	Net Deaths at the subjoined ages of "Residents" whether occurring within or without the District													
	Male	Female	Under 1	1	2	3	4	5	10	15	20	35	45	65 and over
	270	272	38	5	1	1	—	3	4	3	13	17	115	342
Typhoid and para-typhoid fevers ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-spinal fever ...	1	—	—	—	—	—	—	1	—	—	—	—	—	—
Scarlet fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	2	—	—	—	—	—	—	1	1	—	—	—	—	—
Tuberculosis of respiratory system ...	12	4	—	—	—	—	—	—	—	—	6	2	7	1
Other forms of tuberculosis	—	1	—	—	—	—	—	—	—	—	—	1	—	—
Syphilitic diseases ...	2	—	—	—	—	—	—	—	—	—	—	—	1	1
Influenza	4	4	—	—	—	—	—	—	—	—	—	—	1	7
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute polio-myelitis & polio-encephalitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute inf. encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cancer of buc. cav. and oesoph. (M.), uterus(F)	2	3	—	—	—	—	—	—	—	—	—	1	1	3
Cancer of stomach and duodenum	4	5	—	—	—	—	—	—	—	—	—	—	4	5
Cancer of breast ...	—	7	—	—	—	—	—	—	—	—	—	1	2	4
Cancer of all other sites	28	23	—	—	—	—	—	—	—	—	—	2	15	34
Diabetes	2	1	—	—	—	—	—	—	1	—	—	—	—	2
Intra-cranial vascular lesions	30	38	—	—	—	—	—	—	—	—	—	1	23	44
Heart disease... ...	74	87	—	—	—	—	—	1	—	—	1	—	22	137
Other diseases of circulatory system ...	9	6	—	—	—	—	—	—	—	—	—	—	3	12
Bronchitis	22	19	—	—	—	—	—	—	—	—	—	3	4	34
Pneumonia	10	6	6	2	—	—	—	—	—	—	—	1	3	4
Other respiratory diseases	4	1	—	1	—	—	—	—	—	—	—	—	2	2
Ulcer of stomach or duodenum	1	3	—	—	—	—	—	—	—	—	—	—	1	3
Diarrhœa under 2 years	1	4	5	—	—	—	—	—	—	—	—	—	—	—
Appendicitis	—	1	—	—	—	—	—	—	—	—	1	—	—	—
Other digestive diseases	5	6	—	1	—	—	—	—	—	1	—	—	3	6
Nephritis	11	1	—	—	—	—	—	—	—	1	—	1	3	7
Puerperal and post-abort. sepsis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other maternal causes	—	1	—	—	—	—	—	—	—	—	1	—	—	—
Premature birth ...	4	5	9	—	—	—	—	—	—	—	—	—	—	—
Congenital malformation, birth injury, infant : dis. ...	10	7	17	—	—	—	—	—	—	—	—	—	—	—
Suicide	3	4	—	—	—	—	—	—	—	—	1	1	4	1
Road traffic accidents	3	1	—	—	—	1	—	—	1	—	1	—	1	—
Other violent causes...	8	4	1	—	1	—	—	—	—	—	—	—	3	7
All other causes ...	18	30	—	1	—	—	—	—	1	1	2	3	12	28

INFANT MORTALITY

The number of deaths of infants under one year of age was 38, compared with 37 in the previous year.

The Infant Mortality rate was 48 per 1,000 live births, which was the same rate as in the previous year.

As the Infant Mortality Rate for the past two years has been well above the average of the preceding years which were in war time, it would be helpful if one could ascertain the cause or causes of this setback.

An analysis of the comparative figures for the causes of infant deaths over the past six years reveals almost the same features, if we group the deaths into (a) congenital causes, (b) miscellaneous causes which include the accidents of childbirth, and (c) environmental causes which include respiratory diseases, infectious diseases and gastro-intestinal diseases.

Condensed in such groups in tabular form the following figures are obtained for the past six years :—

	1941	1942	1943	1944	1945	1946
Congenital causes ...	21	20	14	10	18	15
Environmental causes (Respiratory, Infectious or Gastro-Intestinal diseases) ...	7	9	7	5	12	12
Miscellaneous (including accidents at birth)	1	3	5	6	7	11
Total Infant Deaths ...	29	32	26	21	37	38

We are only on the fringe of discoveries as to the reason why infants are afflicted by congenital causes of death ; the accidents occurring during the process of birth might be theoretically avoidable, but when we come to environmental causes it ought to be possible, under good conditions, and with an infant born healthy of healthy parents, to reduce the infant death rate to very small proportions.

The above table shows that the environmental causes of death during the past two years are, in each year, 71% higher than the average of the preceding four years.

It would be a fair assumption to state that the overcrowding and lack of suitable housing accommodation during 1945 and 1946, when births were relatively high, may have been contributory factors.

Infant Mortality, 1946

Net deaths from stated causes at various ages under 1 year of age.

CAUSES OF DEATH			Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 1 month	1 month and under 3 months	3 months and under 6 months	6 months and under 9 months	9 months and under 12 months	Total deaths under 1 year
	No.											
Congenital Causes	15	Prematurity	8	1			9					9
		Hydrocephalus		1			1	1		1		3
		Heart Disease	1				1					1
		Spina Bifida		1			1					1
		Pyloric Stenosis						1				1
Respiratory	6	Pneumonia ...						3	2	1		6
Gastro-Intestinal	6	Gastro Enteritis						2	2	1		5
		Intussusception						1				1
Miscellaneous	11	Asphyxia ...	2				2					2
		Birth injury	5				5					5
		Convulsions ...	1				1					1
		Coal gas poisoning						1				1
		Lipoid Nephrosis							1			1
		Cleft palate ...	1				1					1
Totals	38		18	3			21	9	5	3		38

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

Under this heading in former years were listed those Clinics or facilities available for the benefit of the health of the general public.

As a Minor Authority there will be practically nothing to record in the future as the Local Health Authority will be responsible for those Personal Services in the form of various Clinics and other services.

As regards the present it may be stated that whereas under the Education Act, 1944, the Salop County Council have taken over the responsibility for School Clinics, Minor Ailment Centres, and Dental Clinics, the Borough Council for the time being retain Welfare Sessions, Ante-Natal Clinics, Immunisation Clinics, and treatment of Scabies.

The Bacteriological Laboratory established at the Royal Salop Infirmary, under the Public Health Laboratory Service of the Medical Research Council, is a valuable asset to the town.

The Salop County Council following a conference with Local Authorities during the year, agreed to prepare a scheme for a comprehensive Ambulance Service, but this has not been put into practice.

Clinics conducted by voluntary bodies include a Cripple Care Clinic provided by the Shropshire Orthopaedic Hospital, which is held twice weekly at the Health Centre, and a Women's Clinic for giving contraceptive advice to those women only in whose case **further** pregnancy as certified by a medical practitioner would be detrimental to their health.

The work of the Women's Clinic which is held once a month may be summarized as follows from figures given by Dr. Burnett who conducts the Clinic :—

1. New cases 49, compared with 42 and 41 in the previous years respectively.

2. Attendances of old cases 86, compared with 68 in the previous year.

Of the 49 new cases, 23 were referred by general practitioners, 15 from County or Borough Clinics, 9 from the County Council Hospital, and two attended for advice on account of sterility.

Dr. Burnett reports that her records, which admittedly cannot be wholly reliable owing to inability to follow up every case, show that since the inception of the Clinic, out of 256 cases there have

been 12 failures. The reason for failure is accounted for, for various reasons, which need not be enumerated.

SWIMMING BATHS

Samples of water from both the 1st and 2nd Class Swimming Baths are taken for bacteriological examination during the height of the bathing season from May to September.

On no occasion of sampling were B. Coli or Faecal Coli isolated.

With the exception of an initial sample at the beginning of the summer season, which was an unsatisfactory result, all subsequent samples were regarded as satisfactory.

SANITARY CIRCUMSTANCES OF THE AREA

Water Supply

The Water Engineer, Mr. R. D. Robinson, has kindly provided the following remarks on the Shelton and Conduit water supplies, together with a summary of chemical and bacteriological examinations :—

"**River Severn Supply.**—During the year under review the supply of water from this source has been maintained free of all restriction. Certain areas in the outskirts of the town have suffered to some extent from circumstances of inadequate pressure, and it is of interest to observe that during the present period a programme of the laying of trunk distribution mains has been undertaken which will obviate these limitations. The average daily consumption of water amounted to 2,128,542 gallons, which is the equivalent of 48.4 gallons per head per day.

In addition to the regular samples of water taken from the town by the Health Department, routine daily chemical and bacteriological examinations are made at the Laboratory at Shelton. A summary of the results of these examinations is given, which shows that the water supplied to the town has been maintained at a very high standard of organic purity.

Conduit Supply.—During this year the supply from Conduit Head has continued, and some 35,000 gallons per day have been distributed from this source. Samples of this water also have been regularly taken for laboratory examination."

SHELTON WATER SUPPLY

Average results of Chemical and Bacteriological Examinations, 1946

	ITEM	RIVER WATER UNTREATED	WATER AFTER STORAGE	WATER AFTER FILTRATION	WATER AFTER STERILIZATION
BACTERIOLOGICAL	Probable No. of coliform bacteria present per 100 ml.	1800+ (min 130)	5	4	One sample only in the year showed 1 org. per 100 ml.
	Colony count per ml. at 37°C.	440	26	6	5
	Colony count per ml. at 20°C.	3000+	112	40	14
CHEMISTRY Results expressed as parts per 100,000				Water after Precipitation	
	Colour (Hazen scale)	33	16	8.5	6
	pH	7.47	7.1	6.9	7.0
	Alkalinity (CaCo3)	5.7	5.1	4.86	5.33
	Chlorides	1.99	2.04	2.08	2.08
	Free Ammonia	0.0114	—	—	0.0104
	Oxygen absorbed	0.288	—	—	0.010
	Total Hardness	7.97	—	—	6.83
	Permanent Hardness	1.53	—	—	1.46
	Residual Chlorine	—	—	—	0.13

Towards the end of the year a complaint was received from the owner of a house which was one of an isolated group of 13 houses, that the water supply was discoloured and smelt of sewage.

This group of 13 houses erected about ten years ago, are situated within the Borough boundary, but on its fringe, and are virtually in the country. Each house or pair of semi-detached houses has a well from which water is pumped to a tank in the roof and which tank can also receive rain water from the roof. Cesspools are situated in the gardens of the houses. Each house has a bath and W.C's. The number of occupants of the 13 houses was 45, consisting of 38 adults and seven children.

The Water Engineer investigated the complaint immediately, and after a preliminary examination reported to your Medical Officer of Health that the sample appeared to be more or less dilute sewage.

Immediate action was taken by investigating all the wells, informing all the householders that their water supply was potentially dangerous, and that any well water used should be boiled. Bacteriological reports subsequently received showed that six of the wells showed "heavy faecal pollution," and that seven wells showed "very heavy faecal pollution."

Action was taken at once to stop the use of any well water, by disconnecting the household pumps from the wells, by supplying a temporary supply of town water in a static tank which was refilled periodically. Subsequently, by arrangement with the respective owners of these thirteen houses, a water main was laid by the Corporation.

The presumed cause of the trouble was as follows.

The cesspools, each of 500 to 600 gallons capacity, were not properly constructed ; they had never been emptied for ten years, and their contents were seeping all the time into the surrounding soil, so that the underground water from which the wells drew their water became contaminated.

Owing to abnormal summer and autumnal rains the level of this underground water must have risen considerably, to such an extent that sewage was getting direct into the pool of water without having to percolate through the surrounding soil. As a consequence the pool of water was contaminated, so that all the wells drawing from this pool became polluted.

The inhabitants of these houses are now free from any threat

of water-borne diseases, but as no main sewerage is contemplated for this area in the future it may be necessary to consider a sewage disposal system alternative to the present one.

Drainage, Sewerage, Closet Accommodation and Public Cleansing.

The Borough Surveyor (Mr. F. R. Dinnis) has kindly supplied the following notes :—

" As far as I am aware there have been no alterations in the number of houses connected to private Disposal works or served by earth or chemical closets during the year."

" New main Sewerage schemes are in the preliminary stages, and a comprehensive plan for new sewers to serve the added areas and relieve existing sewers in the old Borough has been outlined.

" This enables piece meal development to be carried out to suit the eventual main scheme until such time as construction of the new main sewers can be put in hand."

" The Gully Emptier was primarily purchased to deal with street gullies, and although it has been employed on emptying cesspits and tanks it is hoped that owners of such cesspits and tanks will continue to have them emptied as in the past.

At present, having only one machine, my department can only attempt to deal with tanks where the emptying is urgently required on health grounds or when other means of emptying cannot be employed."

" With the vehicles and men available it is only possible to maintain a fortnightly collection of household refuse. Waste paper and food scraps are also being collected as these are still urgently required in the National Interest. Many householders could assist in this latter connection by continuing to keep paper and waste food separate from the contents of refuse bins."

SANITARY INSPECTION OF THE AREA

Mr. C. Stanley, Senior Sanitary Inspector, who took up his duties at the beginning of the year, has with his staff of Inspectors carried out a creditable amount of work, despite the handicaps and delays due to present day circumstances.

The following remarks and tabulated statements on work done during the year have been prepared by Mr. Stanley :—

The commencement of the year saw the return of two inspectors

from war service, bringing the staff up to its peace-time complement of four inspectors.

In spite of acquiring more legislatory powers, since 1939, almost every phase of sanitary activity was handicapped by lack of materials. Nevertheless, no particular branch of sanitary inspection was neglected, and endeavours were made to attain a satisfactory average standard in every respect. Under such circumstances there was no reason for complacency, for much work remained to be completed.

The housing problem, becoming increasingly difficult, entailed the provision of accommodation for certain families, although the desired standard of fitness could not always be obtained.

There are, in the Borough, many properties suitable for procedure under the Housing Act. In some cases but the shell of a house remains. It appears that many of these houses will have to remain occupied for some considerable time.

What was more alarming was the number of houses which, in all probability, have had no repairs or maintenance effected since 1939. Existing post-war conditions prohibited the inspection of such properties. Sanitary defects were dealt with on complaint, but the utmost difficulty was experienced in obtaining the minimum standard of repairs.

There appeared to be a marked increase in the number of houses let to two or more families ; which was not altogether surprising. Here, again, there was a tendency towards a lower standard of living and lack of environmental hygiene so necessary to maintain a healthy community.

The time appears to be inopportune to seek revision of the housing standards, but it is as well to bear in mind the low standard of overcrowding set out in the Housing Act 1936.

In the case of food premises a desire was shown on the part of owners and occupiers to comply with specified requirements and much was accomplished in the way of improvement.

The return of two inspectors enabled more attention to be paid to the inspection of factories and workshops, as well as other routine duties.

Thanks were due to the staff of the Borough Surveyor for their splendid co-operation in many ways ; particularly in the releasing of choked public sewers and the emptying of cesspools.

Further details of work carried out by the sanitary inspection staff are appended.

Complaints Received during the Year

There were 1,544 complaints received, and these were investigated in accordance with the following analysis :—

TABLE I

Nature of Complaint	Number Received
Housing Defects	793
Choked and Defective Drains and Sewers...	112
Accumulations of Offensive Matter	10
Relative to Unsound Food	184
Verminous Premises :—	
(*a*) Bugs	29
(*b*) Rats and Mice Infestations	151
(*c*) Beetles, Crickets, and Other Insects	20
Keeping of Animals and Poultry	4
Unsatisfactory Milk Supplies	9
Miscellaneous	232
Total	1544

Premises Inspected.

The following summary indicates the number of inspections of various premises carried out during the year :—

Nature of Inspection	Number of Visits		
	First Inspection	Re-Inspection	Total
DWELLING-HOUSES under Public Health Acts	1608	1927	3535
Dwelling-houses under Housing Acts ...	120	435	555
Infected Dwelling-houses :			
(*a*) Notifiable Diseases (other than Tuberculosis)	81	13	94
(*b*) Contacts	38	74	112
(*c*) Fumigations after infectious diseases	15	1	16
(*d*) Phthisis enquiries and fumigations	24	5	29
Elementary Schools and Church Halls...	3	—	3
Business Premises	52	47	99
Cinemas, Dance Halls, Billiard Halls ...	8	3	11
Fairgrounds	7	1	8
FACTORY ACT, 1937 :			
Factories, with mechanical power ...	74	39	113
Factories, without mechanical power	37	11	48
Outworkers' premises	4	1	5
PREMISES WHICH CAN BE CONTROLLED BY BYELAWS :			
Offensive Trade Premises	12	—	12
Stables, Piggeries, Keeping of Animals	36	10	46
Common Lodging-houses	6	23	29
Houses Let in Lodgings	5	3	8
Tents, Vans and Sheds	29	29	58
DRAINAGE : Testing by			
Smoke	2	—	2
Water	11	—	11
Coloured Water	219	184	403
Breaking down	3	—	3
re Public Sewers	196	75	271
Means of Escape in Case of Fire (s. 60 Public Health Act, 1936)	2	—	2
Watercourses and Ditches	31	34	65
Land and Tips	51	39	90
Septic Tanks, Cesspools, Urinals ...	130	80	210
Miscellaneous Visits	694	75	769
Visits, not Inspections	499	73	572

Nature of Inspection	Number of Visits		
	First Inspection	Re-Inspection	Total
VERMINOUS PREMISES :			
(*a*) Rats and Mice (Infestation Order 1943)	294	76	370
(*b*) Bug Infestations	64	58	122
(*c*) Beetles	6	4	10
(*d*) Other Vermin	27	10	37
INSPECTIONS *re* SUPERVISION OF FOOD :			
Unfit foodstuffs, other than Meat ...	318	70	388
Slaughterhouses	256	80	336
Markets...	4	5	9
Public Health (Meat) Regulation, 1924 Butchers' Shops	53	47	100
FOOD & DRUGS ACT, 1938 (SEC. 13) :			
Bakehouses	25	56	81
Factory Canteens	5	5	10
Restaurant Kitchens, etc.	55	88	143
Hotel and Beerhouse Bars and Cellars :—			
Day Inspections	55	52	107
Night Inspections	—	—	—
Other Premises	46	62	108
SEC. 14 :			
Sausage Manufacturers	15	35	50
Preserved Meat Preparation Premises	8	11	19
Preserved Fish Preparation Premises	27	26	53
Ice Cream Premises	62	126	188
MILK AND DAIRIES REGULATIONS, 1926 TO 1943 :			
Milk Sampling for Bacteriological examination and Biological test for Tuberculosis	65	—	65
Contraventions of Milk and Dairies Regulations	10	3	13
Cowsheds	51	11	62
Dairies at Farms	46	10	56
Milkshops and other Dairies ...	45	19	64
SHOPS ACTS 1912–1936. YOUNG PERSONS (EMPLOYMENT) ACT, 1938	75	19	94
Total Visits by Sanitary Inspectors ...	5609	4055	9664

Notices Served

Administrative action was taken during the year to secure abatement of nuisances and to enforce the appropriate statutory enactments as follows :—

Subject of Notice	Public Health Acts	Milk and Dairies Regs.	Food and Drugs Act S. 13 and 14	Factories Act, 1937
Number of Informal Notices served	172	1	36	4
Number of Informal Notices complied with	170	4	39	3
Number of Informal Notices Outstanding (against Premises)	57	—	35	1
Number of Statutory Notices served	13	—	—	—
Number of Statutory Notices Complied With	9	—	—	—
Number of Statutory Notices Outstanding (against Premises)	6	—	—	—
Number of Prosecutions ...	—	—	—	—

Sanitary Improvements Effected
as a result of Informal Notices Issued
(Number of Premises 253)

	Number Complied with
Defective Drains	12
Choked Drains	27
Insufficient Closet Accommodation	1
Absence of proper sink	1
Defective water closets	45
Defective gullies	8
Defective sink waste pipes	9
Defective W.C. cisterns and fittings	42
Defective soil pipes	4
Dampness arising from :—	
Defective roofs	49
Defective eaves-gutters	18
Defective down-spouts	14
Defective brickwork and pointing	12
Defective damp-proof courses	6
Defective yard paving	3
Defective chimney flues	9
Galvanized metal dustbins to be provided	36
Defective window-frames and sash-cords	34
Defective floors	24
Defective stairs	11
Defective plaster to walls and ceilings	73
Defective fireplaces	25
Defective wash-boilers	15
Defective and dangerous chimney stacks	3
Defective and bulging external walls	7
Defective and bulging party walls	3
Filthy condition of premises	1
Accumulation of manure or offensive matter	1
Miscellaneous	38

Additional Unsatisfactory Conditions remedied by Verbal Cautions

Nature of Inspection	No. of Premises	Structural Defects	Dirty Conditions
Dwelling-houses (Public Health Acts)	21	14	9
Business Premises	13	2	11
Common Lodging-Houses	1	—	2
Restaurant Kitchens	5	2	4
Food Preparation Premises	3	2	2
Butchers' Shops	3	3	—
Ice Cream Premises (Sale/Manufacture)	2	2	—
Bakehouses	1	1	1
Hotel Bars	1	1	—
Hotel Cellars	9	4	7
Cowsheds	4	4	4
Dairies at Farms	2	1	2
Other Dairies	1	1	—
Shops (Shops' Acts)	2	2	—

PREMISES AND OCCUPATIONS WHICH CAN BE CONTROLLED BY BYE-LAWS OR REGULATIONS

Offensive Trades

The ten offensive trades carried on in the Borough consist of :—

Rag and Bone Dealers	3
Fellmongers	2
Tanners	2
Tripe Boilers and Gut Scrapers	2
Curriers and Leather Dressers	1

The satisfactory standard of cleanliness has been maintained.

DESTRUCTION OF RATS AND MICE

Rats and Mice (Destruction) Act, 1919, and the Infestation Order, 1943

The County Council rodent operatives, working under the supervision of the Chief Sanitary Inspector, have dealt with business and other premises under contract.

The main sewers were treated, on two occasions, with satisfactory results. The treatment involved the more populous portion of the town and about 10% of the manholes in outlying parts of the Borough.

A scheme for dealing with rats and mice in private dwelling-houses, sponsored by the Ministry of Food, was commenced in December. Two enquiry officers are being employed by the County Council and the survey will embrace all private dwelling-houses. Any such premises found to be infested will be dealt with by the rodent operatives. The cost of the survey and subsequent action will be borne by the Ministry of Food and the County Council.

Occupiers of property should realise that they are legally responsible in the event of infestation. It is in their interest that they should report the presence of rats or mice to the Public Health Department, when advice would be forthcoming.

In every case, measures of hygiene, conducive to depriving rats and mice of food and harbourage, should follow treatment.

Number of premises under contract with Salop County Council	73
Number of visits made by Sanitary Inspectors	370

Minor infestations remedied by occupiers, after advice given by Inspectors : Mice 4, Rats 31.

HOUSING

Building Progress during 1946

By Local Authority :	Permanent Houses	Nil	100
	Temporary Bungalows ...	100	
By Private Enterprise :	Houses	28	29
	Bungalows	1	

Several houses were converted into flats to provide additional units of accommodation.

Although the slowness of progress in house building, due to many factors, is extremely disappointing to all those concerned and to those who are in dire need of a house, one must be thankful that the, in some quarters, maligned policy of temporary bungalows has at least made provision for at least 100 families. These bungalows in their newness and ingenuity of internal fitments have been very much appreciated by the tenants.

It would probably be admitted by their designers that they are not entirely satisfactory under extremes of climatic conditions owing to the comparative ease with which external cold and heat can penetrate the relative thinness of the constructional material.

One difficulty encountered in some of these bungalows was condensation of water vapour on internal walls. The way not to cure this is to put on an electric fire, which only temporarily relieves the situation by re-vapourising the water, which will condense again when heating is discontinued. The theoretical and practical solution is adequate ventilation. The theory may be sound, but in practice it is not so easy or comfort producing to open certain windows for ventilation purposes on a winter's day.

Corporation Housing Estates

Mr. R. G. Jarvis (Housing Manager), has supplied the following report on the work of the Housing Department, which was established in the early part of the year.

It was decided to establish this department at the Health Centre in order to secure valuable liaison between the Housing Manager and the Sanitary Inspectors and Health Visitors, who in their respective spheres are cognisant not only of housing conditions, but of families.

Report of Housing Manager

"The Housing Management Department to which the Medical Officer of Health referred in his last report is now a *fait accompli*. The Department, set up in April, 1946, in offices at the Health Centre, is responsible for all tenancy matters in regard to Corporation Houses, including repair and maintenance of these properties now numbering over 1,400.

By the end of the year the number of applications for tenancies had risen from 1,835 on the 31st December, 1945, to 2,366, an increase of 531, as set out below.

Housing Applications at December 31st, 1946

Size of Family	Service or Ex-Service		Civilians		Totals	
	Householder	In Rooms	Householder	In Rooms	Householder	In Rooms
Single	—	23	7	23	7	46
Married no Children	26	461	37	102	63	563
1 Child	78	541	81	166	159	707
2 Children ...	95	187	112	65	207	252
3 ,, ...	94	60	55	20	149	80
4 ,, ...	31	17	19	5	50	22
5 ,, ...	16	3	14	5	30	8
6 ,, ...	6	1	11	—	17	1
7 ,, ...	2	—	—	1	2	1
8 ,, ...	—	—	1	1	1	1
	348	1293	337	388	685	1681
	1641		725		2366	

During the year 100 Aluminium Prefabricated Bungalows were provided and occupied, which only slightly eased the situation. From the tabulated information given above, it will be seen that the main increase occurs in Service applicants in rooms, which will be readily understood in view of demobilisation of the Forces, which, no doubt, will become more rapid and will continue for a considerable time.

I cannot see that the peak period of applications for houses has yet been reached, for there are still many local men in the Forces and other occupations anxious to set up a home.

With the staff available a start has been made in visiting in their present surroundings those applicants whose cases appear to be the most desperate, and these have been carefully classified on a "points system."

Essential repairs to existing Corporation houses are being carried out as speedily as possible, though there are sometimes unavoidable delays owing to lack of materials, practically all of which have to be obtained under a priority symbol which, when granted and the order placed, often entails further delay in securing the required articles.

As soon as it is possible to do so, the periodical inspection of Corporation houses will be resumed, both in regard to repairs and tenancy matters generally. It may then be found possible to relieve the overcrowding to some extent by making suitable transfer of tenancies between large families who have outgrown their small houses and those in larger houses whose families have for various reasons decreased. During the year no statistical records have been made of visits to the various estates, the average calls at present being at least 60 per week."

The Corporation now possess approximately 1,400 Council houses, and have adopted a long term plan for a further 2,000.

Eventually it may occur that the Local Authority will be the landlord of half the dwelling houses in the town.

Whilst it is correct that we should face the immediate short term task of catering for those with families, a plea is put forward that as new sites are developed and built on, the question of fluidity in housing should be constantly borne in mind for long term planning needs.

These remarks are made because on several occasions certain inhabitants have approached your Medical Officer of Health, who in his Report for 1944 drew the attention of the Council to the increasing need for considering houses or hostels for aged persons.

If the Council as the major landlord in the town, now empowered to let houses to all classes of the community, has the responsibility to look after the citizen's needs, it should possess the wherewithal in the form of various types of houses, flats or hostels to satisfy the demand that will occur.

If it is not too fanciful to draw a picture of potential requirements in an enlightened future prospect, let us follow a student of either sex leaving a County College, a University or a humble home to settle in Shrewsbury to work, later on to marry, and raise a family and, finally, to enjoy the remainder of life in a town that has a soul and a charm that captivates.

Young people leaving home to start out in life on a career or occupation are better off in the companionship of a **hostel** rather than solitary in lodgings.

When marriage takes place the daily companionship of friends is replaced by that of the mate, and this pair yearn to start domestic life on their own and for this a **flat** is the suitable nest.

When, it is to be hoped, children start to arrive, a flat, besides not being the most suitable environment for the restless activities of the very young, becomes too small, a transfer is necessary to a **three** or a **four bedroomed house** according to the eventual size of the family.

Later on these children grow up and in turn leave their home so that the parents now find their house too big for them and might welcome accommodation in a **two bedroomed house.**

Eventually one of the couple dies and the partner is left solitary and perhaps lonely, even though by now there may be grandchildren as some consolation.

This widow or widower to prevent brooding or for want of care and companionship might gladly accept the facilities of a **hostel for the aged,** especially if that hostel were so devised that he or she could have in it a room to be regarded as one's own in addition to communal dining or sitting rooms.

It goes without saying that **hostels or flats** could also be occupied by **bachelors or spinsters** provided that such occupants were not given accommodation to the exclusion of those who have borne the brunt and the responsibilities of rearing a family in their day.

It takes a long time for ideas, which at the outset sound revolutionary or too idealistic, to become translated in practical effect, but if those ideas are not too visionary and have even a grain of common sense behind them, then it is possible that some day results will arrive and on their arrival will not be welcomed with surprise, but with an acceptance of inevitability and as some will say, "what ought to have been done years ago."

Municipal Hostel for Men

Mr. E. A. Andrews (Superintendent) has given the following figures relating to the occupation of beds during the year. Figures for preceding years are given for comparison purposes :—

	1943	1944	1945	1946
Number of beds	38	38	38	38
Weekly lodgers	1,724	1,600	1,780	2,012
Daily lodgers	760	650	241	349
Daily average	35	33	36	38

Housing Statistics

1.—Inspection of Dwelling-houses during the year.

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) 1,728

(b) Number of inspections made for the purpose 4,090

(2) (a) Number of dwelling-houses [included under sub-head (1) above] which were inspected and recorded under the Housing Consolidated Regulations, 1925 2

(b) Number of inspections made for the purpose 2

(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation 5

(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation 253

2—Remedy of defects during the year without Service of formal Notices :—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers... 211

3—Action under Statutory Powers during the year :—

A.—Proceedings under sections 9, 10 and 16 of the Housing Act, 1936 :—

(1) Number of dwelling-houses in respect of which notices were served requiring repairs ... ... Nil

(2) Number of dwelling-houses which were rendered fit after service of formal notices :—

(a) by owners ... ... Nil
(b) By Local Authority in default of owners ... Nil

B.— Proceedings under Public Health Acts :—

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied 12

(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—

(a) By owners 8
(b) By Local Authority in default of owners ... Nil

C.—Proceedings under Sections 11 and 13 of the Housing Act, 1936 :—

(1) Number of dwelling-houses in respect of which Demolition Orders were made 1

(2) Number of houses in respect of which an undertaking was accepted under Sub-Section (3) of Section 11 of the Housing Act, 1936 ... ... Nil

(3) Number of dwelling-houses demolished in pursuance of Demolition Orders ... ... Nil

D.—Proceedings under Section 12 of the Housing Act, 1936 :—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made 1

(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit... ... ... Nil

4—Housing Act, 1936, Part IV.—Overcrowding.

(a) (i) Number of dwellings overcrowded at the end of the year ... ... Not known
(ii) Number of families dwelling therein ... —
(iii) Number of persons dwelling therein ... —

(b)		Number of new cases of overcrowding reported during the year	340
(c)	(i)	Number of cases of overcrowding relieved during the year	115
	(ii)	Number of persons concerned in such cases	456
(d)		Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	Nil

INSPECTION AND SUPERVISION OF FOOD

Milk Supply

At the close of the year there were registered under the Milk and Dairies (Amendment) Act, 1922, and the Milk and Dairies Order, 1926 :—

Persons

Cowkeepers registered as wholesale and retail purveyors of Milk	5
Cowkeepers registered as wholesale purveyors of Milk ...	23
Cowkeepers registered as retail purveyors of Milk ...	20
Total number of persons registered for carrying on trade of cowkeeper	48
Retail purveyors of Milk	82
Retail purveyors of Milk in sealed bottles only	23
Total number of persons registered as retail purveyors of Milk	105
Total number of cowkeepers, wholesale and retail purveyors of Milk	130

Premises

Number of cowsheds	60
Farms used as Dairies	41
Other premises used as Dairies	18

Milk Sampling

Forty-eight samples of milk were taken during the year.

Examination for Tubercle Bacilli

Cultural and animal tests were made on twenty-two samples.

In one case tubercle bacilli were isolated on culture and definite evidence of tuberculosis was found in inoculated guinea-pigs. The offending cow was traced by the Divisional Veterinary Officer and dealt with under the provisions of the Tuberculosis Order, 1938.

Phosphatase Test

A test applied to heat-treated milk.

Raw milk contains an enzyme, phosphatase, which is destroyed by heating at the prescribed pasteurisation temperature. The presence of such enzyme in heat-treated milk is indicative of inefficient pasteurisation.

Twenty-two samples were examined. A mechanical defect, at the dairy concerned, was responsible for the one unsatisfactory sample.

Methylene Blue Test

All the forty-eight samples procured were subjected to methylene blue. This test is applied to determine the keeping quality of milk and is indicated by the time taken to decolourize or " reduce " a standard solution.

Fourteen samples were found to be unsatisfactory.

Eight of the samples were from milk production premises within the Borough. These premises were visited and advice was given, with satisfactory results.

The remaining six unsatisfactory samples were produced outside the Borough. The results were referred to the appropriate authority in each case.

Summary

No. of Samples Taken	Test for Tubercle Bacilli		Methylene Blue		Phosphatase	
	Satis-factory	Unsatis-factory	Satis-factory	Unsatis-factory	Satis-factory	Unsatis-factory
48	21	1	34	14	21	1

Ice Cream

Particular attention was paid to conditions under which ice cream was manufactured, stored and sold within the Borough.

There were seventeen premises at which ice cream was known to be manufactured and sold ; whilst some eleven others retailed the product.

Thirty-one samples of ice cream were taken and submitted for bacteriological examination. The absence of a legal bacteriological standard limited comment on findings. However, investigation of conditions under which the considered unsatisfactory samples were produced yielded good results. Follow-up samples evidenced that more attention had been paid to preparation and storage.

Persons carrying on the trade were advised and circularized with a view to the production of a highly satisfactory commodity. A willingness to co-operate was shown.

Short supply of building materials and equipment delayed alterations at premises regarded as below standard, but efforts were being made to expedite such work.

PRECAUTIONS AGAINST CONTAMINATION OF FOOD

Food and Drugs Act, 1938, Section 13

The following is a summary of conditions remedied during the year.

Condition	Food Preparation Premises, Restaurants, etc.	Hotels and Public Houses	
	No. of Defects Remedied	No. of Defects Remedied	
		Bars	Cellars
Dirty Floors	6	2	3
Dirty Walls	8	3	3
Dirty Ceilings	7	4	3
Dirty Doors and Windows ...	3	—	—
Insufficient or absence of hot water for cleansing utensils ...	2	2	—
Insufficient or absence of cold water for cleansing utensils ...	1	1	—
Absence of sink or adequate waste-pipe	4	2	—
Defective Draining-boards ...	1	1	—
Inadequate Lighting	1	—	—
Insufficient Ventilation	4	—	—
Unsatisfactory Personal Cleanliness	—	—	—
Unsatisfactory or absence of Staff-room	4	—	—
Insufficient or Unsuitable W.C.	7	—	—
Defective or Choked Drains ...	1	1	—
Absence of hot water for ablution purposes and inadequate staff room	7	—	—
Absence of or Unsatisfactory Wash-basins	3	—	—
Absence of Soap and Towels for Personal Ablution Purposes ...	2	—	—
Unsatisfactory Storage of Trade Refuse	2	—	—
Accumulation of refuse and spittoons requiring removal ...	1	—	—
Verminous conditions (steam flies, rats, mice)	4	—	—
Dirty fittings	4	—	—
Unsatisfactory storage facilities	6	1	—
Defective wall plaster	3	—	1
Defective floors	4	2	3
Defective ceiling plaster ...	3	1	—
Defective doors and windows ...	3	—	1
Dampness	—	2	—

Food and Drugs (Adulteration) Act, 1928, Food and Drugs Act 1938, and Public Health (Preservatives, etc., in Food) Regulations 1925 to 1939

The following 39 samples of Food and Drugs were taken, and all but seven were reported as genuine and free from foreign ingredients.

Numbers indicate number of samples. F=Formal, and Inf= Informal.

Aspirin (1 Inf.) ; Baking Powder (3 F.) ; Bicarbonate of Soda (1 Inf.) ; Boracic Powder (1 Inf.) ; Borax (1 Inf.) ; British Tawny Wine (1 Inf.) ; Castor Oil (1 Inf.) ; Cocoa (1 F.) ; Coffee (1 F.) ; Epsom Salts (1 Inf.) ; Flour (2 F.) ; Glauber Salt (1 Inf.) ; Iodine (1 Inf.) ; Milk of Magnesia (1 Inf.) ; Sausages (5 F. 8 Inf.) ; Seidlitz Powder (1 Inf.) ; Semolina (3 F.) ; Vinegar (5 F.).

Result of " Not Genuine " Samples

1. British Tawny Wine (Informal) consisted of flavoured and coloured cider, containing 9.3% of Proof Spirit, the minimum for British Wines being 25%. Sample submitted by private purchaser. Impossible to sample formally as trader held no further stocks.
2. Sausages (Formal). 8½% deficient in Meat Content. Resampled see No. 3.
3. Sausages (Formal). 7% deficient in Meat Content. Repeat sample of No. 2 above. Documents sent to Ministry of Food for authority to prosecute.
4. Sausages (Formal). 8% deficient in Meat Content. Resampled and found genuine.
5. Sausages (Informal). Contained Sulphur Dioxide 280 parts per million. No preservative notice displayed. To be resampled.
6. Sausages (Informal). Contained Sulphur Dioxide 128 parts per million. No preservative notice displayed. To be resampled.
7. Sausages (Informal). 24% deficient in Meat Content. To be resampled.

Chemical Analysis

The Sampling Officer took 57 samples of milk during the year, the results being set out in the following table :—

Food and Drugs Acts—Analyses of Milk Samples.

Number of Samples		Result of Analysis	Remarks on samples returned as "Not genuine"
Formal	Informal		
		Formal — 38 Genuine; 15 Not Genuine	1. Fat 2.9%. Solids not fat 8.3%. 3% deficient of fat. Below for solids not fat. Freezing point normal. No added water. Re-sampled and found genuine. 2. Fat 3.45%. Solids not fat 8.10%. Freezing point normal. Below for solids not fat. No added water. See No. 3. 3. Fat 4.0%. Solids not fat 8.3%. Below for solids not fat. No added water. Freezing point normal. Same vendor as No. 2. Re-sampled and found genuine. 4. Fat 3.45%. Solids not fat 8.3%. Below for solids not fat. No added water. Freezing point normal. To be re-sampled. 5. Fat 3.0%. Solids not fat 8.2%. Below for solids not fat. No added water. Freezing point normal. To be re-sampled. 6. Fat 2.8%. Solids not fat 8.6%. 7% deficient of fat. Re-sampled, see Nos. 7, 8, 9 and 10. 7. Fat 2.45%. Solids not fat 8.75%. 18% deficient of fat. 8. Fat 2.85%. Solids not fat 8.7%. 5% deficient of fat. 9. Fat 2.8%. Solids not fat 8.7%. 7% deficient of fat. 10. Fat 2.85%. Solids not fat 8.85%. 5% deficient of fat. "Appeal to Cow" samples showed cows to be giving milk below standard for fat. 11. Fat 2.75%. Solids not fat 8.6%. 8% deficient of fat. Same vendor as No. 2 (Informal). Re-sampled and found genuine. 12. Fat 3.25%. Solids not fat 8.2%. Freezing point 0.485 C. Contained 4% of added water, confirmed by Freezing Point Test. Retailer fined £10, plus 10/6 costs. 13. Fat 3.4%. Solids not fat 8.6%. Sediment, consisting of dung, 3 parts per 100,000 parts of milk. Wholesaler prosecuted, but case dismissed. 14. Fat 2.9%. Solids not fat 8.7%. 3% deficient of fat. Re-sampled and found genuine. 15. Fat 5.6%. Solids not fat 8.2%. Below for solids not fat. No added water. Freezing point normal. To be re-sampled.
53	4	Informal — 2 Genuine; 2 Not Genuine	1. Fat 2.9%. Solids not fat 8.7%. 3% deficient of fat. Re-sampled and found genuine. 2. Fat 2.8%. Solids not fat 9.0%. 7% deficient of fat. Same vendor as No. 11 above. Re-sampled and found genuine.

Public Abattoir

The work carried on at the Public Abattoir conducted by the whole-time Superintendent, who is a qualified Meat Inspector, and inspects all slaughtered animals, is set out in the accompanying tables.

Public Abattoir.

CARCASES INSPECTED AND CONDEMNED.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	5324	1917	4275	24465	2717
Number inspected	5324	1917	4275	24465	2717
Dressed carcases inspected ...	64	495	44	165	65
Total inspected	5370	2412	4319	24630	2782
All Diseases except Tuberculosis: Whole carcases condemned ...	3	58	40	115	13
Carcases of which some part or organ was condemned ...	1025	802	42	1202	210
Percentage of the number inspected affected with disease other than tuberculosis ...	19.14	35.65	1.89	5.34	8.01
Tuberculosis only : Whole carcases condemned ...	8	149	15	—	12
Carcases of which some part or organ was condemned ...	881	1140	—	—	225
Percentage of the number inspected affected with tuberculosis	16.55	53.44	0.34	—	8.51

Diseased and unsound conditions found in the animals dealt with caused the detention and surrender for destruction of a total weight in carcases and offal of 102 tons 14 cwts. 61 lbs., details of which are given in the following table :—

	Carcases	Offal
Beef	116,816 lbs.	
Veal	3,346 lbs.	98,862 lb.
Mutton and Lamb	5,303 lbs.	
Pork	5,782 lbs.	

The following foodstuffs, other than meat, being unfit for human consumption, were voluntarily surrendered for destruction :—

Fish	3,746½ lbs.	Fish Cakes	256
Bacon and Ham ...	58 lbs.	Cheese	165 lbs.
Dried Fruit ...	4,506 lbs.	Cooked Meats ...	264 lbs.
Tinned Goods ...	3,650 tins	Shell Eggs	284
Canned Corned Beef	2,042 lbs.	Other Foods ...	4,233¼ lbs.
Pigeons	64		

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

There is little comment that can be made about the incidence or nature of notifiable infectious diseases during 1946, seeing that it was again a year of low incidence with no epidemics.

One is becoming acclimatised to, but not complacent about, the continued low incidence of Diphtheria compared with the years before immunisation was introduced. There were only five cases of Diphtheria compared with three cases and one case in the previous years respectively. Of the five cases, two had been immunised previously.

There were two deaths from Diphtheria, both of them being non-immunised children.

The Diphtheria Immunisation Scheme continues to function satisfactorily in that over 70% of infants at or about the age of one year are being immunised under the Local Authority Scheme, added to which percentage are those who are immunised privately.

Diphtheria Immunisation work carried out during the year was as follows :—

	Immunisations	Post Schick Tests	
		Pos.	Neg.
Pre-School children	533	19	416
School children	62		
	595		435

In addition to the above 595 original immunisations, 159 school children who had been immunised previously received a further reinforcing injection.

The steady rate of immunisation now reached can be estimated from the figures for the past three years :—

Year	Children Immunised	Children Post Schick tested
1944	586	696
1945	590	459
1946	595	435

The total number of children who have been immunised in Shrewsbury under Local Authority Schemes and not counting those immunised privately was 8,118 up to the end of the year 1946.

Diphtheria Immunisation has now been in force in Shrewsbury for 10 years, and during that period not a single immunised Shrewsbury child has died of Diphtheria.

The incidence of Scabies appears to be declining, the number of cases treated during the past 4 years being as follows :—

1943	769
1944	727
1945	536
1946	368

The work performed during the year at the Dermal Clinic was as set out in the table below.

	Pre-School Children	School Children	Adults	
Borough of Shrewsbury ...	47	95	150	368
Atcham Rural District ...	9	18	41	
Other Areas	2	1	5	

Monthly Incidence of Infectious Diseases Notified, 1946

(Not including Tuberculosis).

Month	Erysipelas	Ophthalmia Neonatorum	Acute Primary Pneumonia	Acute Influenzal Pneumonia	Puerperal Pyrexia	Scarlet Fever	Diphtheria	Dysentery	Measles	Whooping Cough	Cerebro-Spinal Fever	Enteric Fever	Acute Poliomyelitis
January	—	—	—	3	—	4	2	—	—	6	—	—	—
February ...	1	1	—	1	—	3	1	3	2	1	—	—	—
March	1	—	1	—	—	3	—	—	—	6	1	—	—
April	—	—	—	—	1	5	—	—	1	11	—	—	—
May	—	—	—	—	—	—	—	—	—	7	—	—	—
June	—	—	—	—	1	5	—	2	—	2	—	—	—
July	1	—	—	—	—	4	—	—	2	12	—	—	—
August	—	—	—	—	1	4	—	—	4	3	—	1	—
September ...	—	—	—	—	1	3	—	—	5	—	—	—	—
October ...	1	—	—	—	1	7	—	—	—	—	—	—	—
November ...	—	1	—	—	1	6	2	—	1	1	—	1	—
December ...	4	1	—	—	1	1	—	—	20	—	1	—	1
Totals ...	8	3	1	4	7	45	5	5	35	49	2	2	1

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR, 1946

NOTIFIABLE DISEASE	Number of Cases Notified										Total Cases removed to Hospital
	At all Ages	At Ages—Years									
		Under 1	1 to 3	3 to 5	5 to 10	10 to 15	15 to 25	25 to 45	45 to 65	65 & upwards	
Small-pox	...	...	...	...	...	...	...	...	...	...	...
Diphtheria	5	...	...	...	1	3	...	...	1	...	5
Erysipelas	8	...	...	...	...	...	...	2	3	3	...
Scarlet Fever	45	...	2	6	22	10	5	...	...	...	39
Typhus Fever	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	2	...	...	...	...	...	1	...	...	1	1
Puerperal Pyrexia ...	7	...	...	...	...	...	...	7	...	...	...
Ophthalmia Neonatorum	3	3	...	...	...	...	...	...	...	...	3
Poliomyelitis	1	...	...	...	...	...	...	1	...	...	1
Pneumonia, Acute Primary	1	...	...	...	...	...	...	...	1	...	...
Do. Acute Influenzal	4	...	...	...	...	...	...	...	1	3	...
Cerebro-Spinal Fever ...	2	1	...	...	1	...	...	...	...	...	2
Encephalitis Lethargica ...	...	...	...	...	...	...	...	...	...	...	...
Polio-Encephalitis ...	...	...	...	...	...	...	...	...	...	...	...
Malaria	...	...	...	...	...	...	...	...	...	...	...
Dysentery	5	...	1	2	...	...	...	...	...	2	...
Measles	35	...	13	7	15	...	...	...	...	...	...
Whooping Cough	49	4	11	15	17	2	...	...	...	...	1
Totals ...	167	8	27	30	56	15	6	10	6	9	52

MONKMOOR ISOLATION HOSPITAL

This Isolation Hospital, administered by the Shrewsbury and Atcham Joint Hospital Board for the benefit of the inhabitants of these two Local Authorities, is made use of also by the majority of Local Authorities in the Counties of Salop, Montgomery and Radnor.

Small Isolation Hospitals at Newport (Salop), Market Drayton and Bridgnorth, having recently closed down, mainly because of lack of nursing and domestic staff, the work undertaken by Monkmoor Isolation Hospital has potentially increased.

It was, however, a fortunate coincidence that with our own staffing difficulties, like most hospitals, the demand for admissions of patients was low because of a lessened incidence of infections disease generally.

In order to attempt to secure an increased supply of nurses the Ministry of Health has advocated that certain Hospitals, including Infectious Diseases Hospitals, should either alone or in conjunction with other Hospitals, apply to the General Nursing Council to become recognised and approved as Training Schools for Assistant Nurses.

Correspondence with the General Nursing Council took place on this subject, but no solution of the practical difficulties has yet been found.

Monkmoor Isolation Hospital, which is expected to deal with patients from such a wide area and with a small nursing staff of only six or seven nurses, supplemented by the Matron, whose main duties are administrative, cannot spare a single nurse to go elsewhere for part of her theoretical and practical training unless a substitute can be provided to replace her during her absence.

With a small nursing staff, out of which day and night nurses have to be found for dealing with different infectious diseases and with the implementation of the Rushcliffe conditions of service, which, among other things, necessitates each nurse having one month's holiday in the year as well as days off from time to time to comply with the recognised 96 hours' work a fortnight, it is fairly apparent that without even allowing for off-duty for sickness, the Hospital is being run on a very slender margin.

When all hospitals are co-ordinated so that close co-operation is attained, it should be possible to effect exchange of nurses between one hospital and another for temporary periods, and by so doing not only afford mutual assistance, but enlarge the experience of nurses by working in different types of hospitals.

The hospital food preparation and storage facilities were improved during the year by the installation of a modern "Esse" cooking range and a refrigerator.

It remains for the laundry arrangements to be brought up to date by labour saving devices.

With a view to counteracting fly menace, the walls of the central kitchen and larder, as well as individual cubicles in the cubicle block, were sprayed with a D.D.T. solution. As it was a poor summer, and flies were not numerous, it was not possible to judge the length of period during which this treatment was effective.

Cases Admitted

The total number of cases admitted in 1946 was 184, compared with 255, 308, 461 and 611 in the previous years respectively.

The areas from which patients were sent, together with the disease for which they were admitted, are given in the following table.

LOCALITY	Scarlet Fever	Diph-theria	Erysip-elas	Dysen-tery	Cerebro-Spinal Fever	Whoop-ing Cough	Measles	Typhoid Fever	Obser-vation Case	Total
SHREWSBURY ...	42	12	1	—	1	3	—	1	1	61
Atcham R.D. ...	2	3	—	—	—	—	—	1	—	6
County of Salop ...	70	9	3	3	1	5	—	1	—	92
C'nty of Montgomery	2	3	—	—	—	—	—	1	—	6
County of Radnor...	10	2	1	—	—	—	1	—	—	14
Military Cases (all areas)	4	1	—	—	—	—	—	—	—	5
Totals ...	130	30	5	3	2	8	1	4	1	184

Revised Diagnosis

Of the 184 cases admitted, 29, or nearly 16% were, after due observation, found to be suffering from conditions other than for which admitted.

Scarlet Fever

Of the 130 cases sent in as Scarlet Fever, 10 were re-diagnosed, giving 120 cases, among whom there were no deaths.

Diphtheria

Of the 30 cases admitted for Diphtheria, 17 were re-diagnosed, giving 13 cases of true Diphtheria. Of these 13 cases 8 were unimmunised, including 4 adults.

There was one death—an unimmunised child.

Cerebro-Spinal Fever

Only 2 cases were treated and 1 died twenty-four hours after admission.

Surgical Operations

One Mastoid operation and one Tonsillectomy operation was performed during the year.

Return Cases and Cross Infection

There were 2 " return cases " of Scarlet Fever.

There was 1 case of known cross infection of Chickenpox developed by a child who was in the incubation period on admission.

Health of Staff

No members of the nursing or domestic staff contracted any infectious disease.

The following prophylactic measures were undertaken :—

3 Nurses Dick tested and 1 subsequently immunised.

4 Nurses Schick tested and 1 subsequently immunised.

4 Nurses inoculated against Typhoid and Paratyphoid Fevers.

Deaths

There were 3 deaths during the year from (1) Amoebic Dysentery, (2) Cerebro-Spinal Fever, (3) Diphtheria.

TUBERCULOSIS

The Salop County Council administer the Tuberculosis service, but close co-operation is maintained, chiefly in connection with disinfection of rooms occupied by infectious patients or in re-housing those whose housing conditions are unsatisfactory.

Tuberculosis

AGE PERIODS	NEW CASES				DEATHS			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0 to 1	—	—	—	—	—	—	—	—
1— 5	—	—	—	—	—	—	—	—
5—15	1	—	1	3	—	—	—	—
15—25	2	3	—	2	2	—	—	—
25—35	2	2	—	1	1	3	—	—
35—45	1	2	—	—	2	—	—	1
45—55	1	3	—	—	4	—	—	—
55—65	1	—	—	—	2	1	—	—
65 and upwards ...	—	—	—	1	1	—	—	—
Totals ...	8	10	1	7	12	4	—	1

Of the 17 deaths from Tuberculosis, 1, or 5.9%, were not notified before death.

The Phthisis (Respiratory or Pulmonary Tuberculosis) death rate for the year was 0.36 per 1,000 population, compared with 0.39 in the previous year.

Public Health (Prevention of Tuberculosis) Regulations, 1925

It was not found necessary to take any action under the above Regulations.

Public Health Act, 1936, Section 172

No cause for action.

DISINFECTION AND DISINFESTATION

A summary of the work carried out by the Sanitary Inspectors in connection with infectious disease, disinfection and disinfestation work is as follows :—

Visits made in connection with Infectious disease ...		206
Disinfection carried out after	Tuberculosis	24
	Other infectious disease ...	15
Dwelling-houses treated for Bug Infestation		14

Bug Infestation

Disinfestation was undertaken by new methods. A portable machine for spraying D.D.T. solution was purchased early in the year.

Fourteen private dwelling-houses were treated in this manner, and in not one instance was a secondary application necessary. Eight months after treatment of one particularly bad case there was no evidence of vermin.

The results have exceeded expectations, and there is no doubt that this particular type of insecticide has proved very effective.

The comparatively short time entailed in carrying out the work of disinfestation has justified the acquisition of the machine mentioned.

MATERNITY AND CHILD WELFARE

The work of the Health Visitors, both at Welfare Centre or Ante-Natal Clinics and Home Visiting, has been carried out as in former years. Although there was a decrease in the number of attendances at Welfare Centres compared with the record number in the previous year, the attendances at Ante-Natal Clinics reached a new record figure.

The Health Visitors, who, of course, are in periodic contact with most mothers, perform a valuable service in their persuasive efforts to secure Diphtheria Immunisation of infants from the age of 9 months, and as a result it is now found that the great majority of school children, having already been immunised in past years, the greater number of immunisations that take place in these days consists of infants and toddlers.

Despite the fact that Orange Juice and Cod Liver Oil are supplied by the Ministry of Food either at small cost or entirely free, according to the economic circumstances of a family, it is somewhat disappointing that greater use is not made of these facilities by the public.

If oranges themselves were available to the same extent as before the war, one might attribute the apparent lack of interest in bottled concoctions to such a circumstance, but this cannot be the cause. It is undoubtedly true that a very small proportion of infants are allergic to orange juice, and that many are stated not

to be able to take it. With regard to the latter point, the explanation is probably to be found in the fact that mothers are either not persevering enough or lack ingenuity in trying different ways of administering it. If one may describe women as slaves to changing fashions, whereas men may be called creatures of habit, then the immature infant may be more likened to the male, for a baby likes what it is used to, and does not at first take kindly to the introduction of novelties such as orange juice or new food stuffs.

The main reason, however, why all mothers do not appreciate the value of orange juice, is that many regard its provision as for aperient purposes only, and if without it their babies' bowels move regularly, they see no reason to bother to give it.

One may talk about the value of vitamins, for it is its vitamin content for which orange juice is really advocated, but may be the ordinary mother is somewhat suspicious of the scientists and their synthetic vitamins, especially when one can read in the daily non-technical press of the discovery or isolation of yet another vitamin from time to time.

In the same way that Orange Juice may be declined by infants, or not thought to be necessary by mothers, so Cod Liver Oil in its turn is less attractive to the palate, and is also thought by many mothers only to be an aid to costiveness.

The more intelligent or understanding mothers, however, are themselves availing themselves in greater proportion in taking up Vitamin A & D Tablets (the Vitamins present in Cod Liver Oil) as expectant mothers, but this method of tasteless administration is not one unfortunately that can be applied to infants.

Figures obtained by the Ministry of Food which can only be regarded as approximate as far as Shrewsbury is concerned, because Atcham is combined with Shrewsbury as a Food Area unit, show that the take up by the public in this area is 20% of the potential as regards Orange Juice, 25% as regards Cod Liver Oil, and 42% as regards Vitamin A & D tablets for expectant mothers.

Explanations as to the reasons why Orange Juice and Cod Liver Oil should be taken, are given at Welfare Centres and Ante-Natal Clinics by doctors and by Health Visitors in the homes, and until further headway is made in this form of education we must wait for better results in the future.

Care of Illegitimate Children

The work carried out by the Social Worker (Miss E. Douce), which covers the period April 1st, 1946, to March 31st, 1947, is shown in summary form, together with the two previous years, in the following table :—

	1946-7	1945–6	1944–5
Total number of cases dealt with	52	92	75
Home Visits paid	68	162	73
Interviews	149	123	110
Letters sent	213	303	120
Telephone Calls	50	50	20

The type of help given by the Social Worker includes the following :—(1) arranging temporary ante-natal employment, (2) arranging permanent employment of mother and child, (3) admission to Diocesan Maternity Homes, (4) admission to Children's Homes pending adoption, (5) assistance with obtaining Affiliation orders, (6) assistance re adoption procedure, (7) assistance in the provision of clothing, (8) assistance in obtaining financial grants from Voluntary Societies, etc.

The Social Worker reports for 1946 a marked decrease in the number of new cases, a decrease in the number of married women now having illegitimate children, and that the age group of unmarried mothers is now higher than it was and in the majority of cases it is over 21 years of age.

VISITS OF HEALTH VISITORS

	Ante-Natal Visits	Under 1 year		1—5 Years Visits	Infant Death Enquiries	Still-birth Enquiries	Child Life Protection Visits	Totals
		First Visits	Return Visits					
January ...	48	69	98	346	1	1	5	568
February	50	44	114	353	8	1	4	574
March ...	53	81	173	476	3	—	—	786
April ...	32	64	102	312	2	1	2	515
May ...	49	56	144	323	1	1	2	576
June ...	61	84	129	465	2	3	2	746
July ...	33	52	81	252	2	—	—	420
August ...	67	65	163	476	4	1	2	778
September	50	89	114	344	—	2	—	599
October ...	44	72	106	378	3	—	2	605
November	46	58	121	378	3	2	3	611
December	32	61	84	147	2	—	2	328
Total ...	565	795	1429	4250	31	12	24	7106

WELFARE CENTRES

		Under 1 year		1—5 years	
		Health Centre	White House	Health Centre	White House
New Cases	Borough	298	162	68	62
	County	17	7	6	1
		484		137	
Total Attendances of Old and New Cases		3250	1981	1221	1734
		5231		2955	

The amount of work done at each session may be gauged from the following average numbers :—

	Health Centre	White House
Average attendance of Mothers each afternoon	40	30
Average attendance of Children each afternoon	43	36
Average number of Children medically examined	13	20

(The above average numbers include mothers and children resident outside the Borough).

Other activities may be summarised as follows :—

Number of Mothers who received Dental Treatment ...	19
Number of Children who received Dental Treatment ...	29
Number of Children referred to Eye, Ear and Throat Hospital	11
Number of Home Helps provided	8
Number of Children admitted to Orthopædic Hospital ...	1
Number of pounds of Dried Milk supplied	3,110

Number of Children treated at Minor Ailment Clinics	Health Centre	White House
... ...	50	79

Ante-Natal Clinic

The following figures show the work that has been done :—

Number of Sessions held		62
Number of Patients examined—		
Ante-Natally	*497	515
Post-Natally	*18	
Total number of attendances		*1,081

*22, 1 and 30 respectively of these numbers refer to women resident outside the Borough.

Of the 403 new Borough patients examined, the reference of the patients to the Ante-Natal Clinic was brought about as follows :

By whom referred	For Ante-Natal Examination	For Post-Natal Examination
Doctors	54	—
Midwives	31	—
Health Visitors	73	15
Own Initiative	228	2

Of the 475 women examined Ante-Natally, 317 were known to have been confined during the year, and the results of the confinements were as follows :—

Number of Live Births	304
Number of Stillbirths	2
Number of Miscarriages and Abortions	11
No record of birth (e.g. left town, etc.)	34
Not yet confined	124
Confinements at own home	73
Confinements at Maternity Home	244
Deaths as a result of or following confinement	Nil

The Ante-Natal Clinics conducted by the part-time Medical Officer (Dr. Urquhart) have been working under pressure during the year, with far more attendances at some sessions than are desirable. The liaison with the County Council Hospital Maternity Department, whereby those women who are to be confined at this Hospital are referred from our Ante-Natal Clinics in the later stages of pregnancy to an Ante-Natal Clinic held by the Medical Superintendent of the Hospital, who will supervise the confinement, continues to work satisfactorily.

For the fifth year in succession there has not been a maternal death among women who have attended our Ante-Natal Clinics.

Maternity Beds

The number of confinements of Shrewsbury women at the County Council Hospital during the year was 284.

Maternal Mortality and Morbidity

The following figures relate to Maternal Mortality and Morbidity statistics during the year.

Cases of Puerperal Pyrexia notified	7
Cases of Puerperal Pyrexia removed to Hospital (all cases notified already in Hospital or Nursing Home)	Nil
Deaths from Puerperal Sepsis	Nil
Deaths from other Puerperal causes	1
Maternal Mortality Rate	1.2

The services of the Council's Obstetric Consultant were required on three occasions.

There were no consultations in respect of Puerperal Pyrexia.

HOME HELPS SERVICE

For many years there has been only one Home Help enrolled and available.

Towards the end of the year, in response to Ministry of Health Circular 110/46, an arrangement was come to with the W.V.S. to delegate to that organisation the initiation and supervision of a scheme for enrolling Home Helps, not only for Maternity cases, but for ordinary domestic help in homes where some emergency has arisen.

At the end of the year all preparatory arrangements had been made, Home Helps enrolled and the scheme was ready to come into force in January, 1947.

A detailed account of the first year's working of the scheme will be given in the Report for 1947.

CHILD LIFE PROTECTION

The three Health Visitors act as Child Protection Visitors.

In the majority of cases foster children are brought to the Welfare Centres, as well as being supervised in their homes.

The number of persons receiving children for reward on the register at the end of the year was 7.

The number of children on the register at the same date was 7.

The two Institutions who maintain children under 9 years of age for reward and are periodically inspected by the Home Office or the Ministry of Health, contained 41 of such children at the end of the year.

Both these Institutions inform the Health Department of admissions and discharges of children.